

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07364

93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 295

## 1. PLACE OF DEATH:

County

Talbot

City or town

Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

23 hrs.

Hospital, Institution, or street address where death occurred:

Memorial Hospital

Easton, Md.

How long in hospital or Institution?

23 hrs.

## 3. (a) FULL NAME

Mrs. Minnie T. Andrew.

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Albert T. Andrew

## 7. Birth date of deceased (mo., day, yr.)

June 2, 1876

6. (c) If alive, give age

84

years

## 8. AGE:

Years

Months

Days

If less than one day

7 yrs.

1

29

.hrs.

min.

## 9. Birthplace

Pa.

(Town, county, and state)

## 10. Usual occupation

W.W.

## 11. Industry or business

FATHER

12. Name

John R. Shieh

13. Birthplace

Pa.

14. Maiden name

Martha Trangler

15. Birthplace

Pa.

## 16. Informant

Albert T. Andrew

Address

Federalsburg Md RD

Burial

Date thereof

8/4/47

(month) (day) (year)

Cemetery or crematory

Baltimore

17. (Burial, cremation, or removal. Which?)

Crest Cemetery

Location

Federalsburg Md

18. Funeral director

J. J. Frampton &amp; Son

Address

Federalsburg Md

## 19. (Date rec'd by registrar)

8/2

1947

N. H. Morris

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg, Md. RD

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

## 2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

August 1 1947 at 3:03 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1947 to 1947, Aug 1, 1947

and that I last saw her alive on Aug 1, 1947

Immediate cause of death Cardiac failure

DURATION

Due to: Asthma, rheumatic heart disease

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

## 23. SIGNATURE

John T. Morris, M.D.

M. D. or other

Address: Federalsburg, Md. Date signed: Aug 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07365

61

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County

TALBOT

City or town

EASTON MD.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 YEAR.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

MARY JANE BRADLEY.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FEMALE WHITE MARRIED.

## 6. (b) Name of husband or wife

WILLIAM BRADLEY

7. Birth date of deceased (mo., day, yr.)

FEB. 14, 1875

6. (c) If alive, give age years

8. AGE:

72

Years

Months

Days

If less than one day

6

1

hrs.

min.

9. Birthplace

OHIO

(Town, county, and state)

10. Usual occupation

HOUSE WIFE.

11. Industry or business

MOTHER FATHER

PHILLIPS CLAGUE.

13. Birthplace

Unknown

MOTHER

Unknown

15. Birthplace

Unknown

16. Informant

Frank Bradley

Address

EASTON TALBOT CT. MD.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof Aug 18/47

(month) (day) (year)

Cemetery or crematory

Location

Spring Hill

Cemetery

Talbot Co. MD

18. Funeral director

Frank W. Stifford

Address

EASTON

MD

19. 8/17/47

19 47

(Date rec'd by registrar)

D. S. Dever

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State TALBOT County MD

City or town EASTON

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH 8/15/1947 at 12 40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 19 47 to 8/15/47 19 47

and that I last saw her alive on 8/10/47 19 47

Immediate cause of death

Arteriosclerosis, generalized 3 years

Due to

Due to

Other conditions Diabetes mellitus 2 yrs?

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

Physician: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE B. Cox MD

M. D. or other

Address EASTON MD Date signed 8/18/47

RECEIVED

SEP 5 1947

BUREAU F B

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07366

50

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County

Talbot

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

5 years

How long in hospital or institution? —

## 3. (a) FULL NAME

Marion Chamberlain

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white Single

6. (b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age — years

October 31, 1865

8. AGE:

Years Months Days If less than one day

81

9

00

.hrs.

.min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

James Lloyd Chamberlain

FATHER

12. Name

Margaret

13. Birthplace

Margaret Lloyd Chamberlain

14. Maiden name

Margaret Lloyd Chamberlain

MOTHER

15. Birthplace

Margaret

16. Informant

Mrs. Henry J. Feldman

Address

Talbot

17. Burial

Date thereof

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

St. Mark's Churchyard

18. Funeral director

Ellis Clark

Address

Easton, Maryland

19. (Date rec'd by registrar)

8/21/1947

T.H. Neary

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 20, 1947, at 6:00 A.M.

21. I CERTIFY that death occurred on the date above-stated; that I attended deceased from

April 5<sup>th</sup> 1947 to August 20, 1947, and that I last saw her alive on August 18, 1947.

Immediate cause of death

Pernicious anemia, cerebral hemorrhage, cerebral edema, cerebral infarction, cerebral necrosis.

Due to

Other conditions Arterio-sclerotic arteriosclerosis

vascular renal disease

(Include pregnancy within 3 months of death)

Major findings of operations

None Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

Eldridge Heppell MD

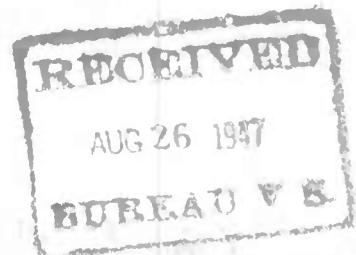
W.D. or other

Address Cambridge, Maryland Date signed 8-20-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 115 9-45-15M



PLEASE WRITE PLAINLY, WITH INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07367

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County

Rural Easter, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Charles Christian

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M.

W.

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age years

March 7, 1870

8. AGE:

Years Months Days If less than one day

77 5 23 hrs. min.

9. Birthplace

Taft, New York

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Charles Christian

12. Name

13. Birthplace

Md.

14. Maiden name

Amelia Kalin

15. Birthplace

Easter, Pa.

16. Informant

Mrs. George S. Dulin

Address

Easter, Md. P.O.

17. Burial

Date thereof Aug 28, 1947

(Burial, cremation, or removal? Which?)

(month) (day) (year)

Cemetery or crematory

Springfield

Location

Easter, Md.

18. Funeral director

R. C. Clark

Address

Easter, Md.

19. Date recd by registrar

2/2/47 1947

(Date recd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. County

Easter

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 1947 at 20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8/21/47 1947 8/25/47 1947

and that I last saw h. alive on 8/21/47 1947

Immediate cause of death

Arteriosclerotic Heart Disease

Due to

Disease

Due to

Senile

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

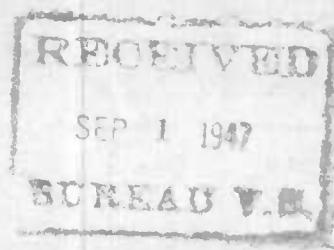
23. SIGNATURE

B. Cox M.D.

M. D. or other

Address

Easter, Md. Date signed 8/26/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct  
age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

07368

## CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:  
County Talbot  
City or town Mc. Daniel  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Jannetta E. Conway4. Sex female 5. Color or race colored 6. (a) Single, married, widowed, or divorced widow8. (b) Name of husband or wife Charles T. Conway7. Birth date of deceased (mo., day, yr.) Jan. 15, 1883 6. (c) If alive, give age years8. AGE: Years 64 Months 7 Days 1 If less than one day hrs. min.9. Birthplace Mc. Daniel, Md.  
(Town, county, and state)10. Usual occupation House wife

## 11. Industry or business

12. Name Robert Newnam13. Birthplace Mc. Daniel, Md.14. Maiden name Annie Cooper15. Birthplace Mc. Daniel, Md.16. Informant Grant T. ConwayAddress Mc. Daniel, Md.

## Burial

17. (Burial, cremation, or removal. Which?) Date thereof Aug. 18, 1947

(month) (day) (year)

Cemetery

Location Easton, Md.18. Funeral director Newnam & HarrisonAddress St. Michaels, Md.19. Aug. 17, 1947 G. L. Lee  
(Date rec'd by registrar) Registrar2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)State Maryland County TalbotCity or town Mc. Daniel  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Aug. 18, 1947 at 1940

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 to Aug. 18 at 1947.and that I last saw her alive on Aug. 18 1947.

Immediate cause of death

acute dilatancy heartDue to Excessive overeating  
and heat stroke

Due to

Other conditions Diabetes mellitusDURATION  
15 minutes

1 day

(Include pregnancy within 8 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide...

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

M. D. or other

Address Gwyn Reeds, M.D. Date signed 8/18/47

RECEIVED

AUG 29 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

aeritten June 30-1947

07369

## CERTIFICATE OF DEATH

468  
Reg. Dist. No. 290

## 1. PLACE OF DEATH

County

Talbot

City or town

Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

59 days

Hospital, institution or street address where death occurred:

Memorial Hospital

How long in hospital or institution?

59 days

## 3. (a) FULL NAME

Mr. Oden L. Cabbage

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

Sept 12 - 1879

6. (c) If alive, give age years

## 8. AGE:

Years      Months      Days      If less than one day

68

hrs.

min.

## 9. Birthplace

Queen Anne County

(Lower, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

Mr. Benjamin Cabbage

Quarry and Quarry

Mallie Smith

Unknown

## 16. Informant

Memorial Hospital records

Address

Easton Md

Buried

Date thereof

8/29/47

(month) (day) (year)

(month) (day) (year)

(month) (day) (year)

Cemetery or crematory

Church Hill

Location

Church Hill - Md.

Edgar L. Lane

Address

Church Hill Md.

8/26 1947

(Date recd by registrar)

N.H. Neeves

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Lusmore Annex

City or town

Price

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1947 at 12:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12 August 1947 to 26 August 1947

and that I last saw him alive on 26 August 1947

Immediate cause of death Cerebral hemorrhage of the

stomach with metastasis to liver

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James F. Wright M. D. or other

Address 213 Dover St., Easton Md. Date signed 27 Aug 1947

RECEIVED

SEP 1 1947

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

67370

93a

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

1 year

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

William J. Cornish

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M. Col'd

married

6. (b) Name of husband or wife

Naomi Cornish

6. (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.)

June 10, 1878

8. AGE:

Years 60

Months

Days

If less than one day

.hrs. .min.

9. Birthplace

Talbot Co.

(Town, county, and state)

10. Usual occupation

Mechanic

11. Industry or business

MOTHER FATHER

12. Name William Cornish

13. Birthplace Talbot Co.

14. Maiden name Maggie (unknown)

15. Birthplace Talbot Co.

16. Informant Naomi Cornish

Address 124 S. Higgins St.

17. Burial

Date thereof Aug. 21-47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Gwynn's Ferry Talbot Co.

Location

Talbot Co.

18. Funeral director Leon M. Henry

Address

Easton Md. 21601

19. 8/21/47

(Date record by registrar)

19. 8/21/47 N.H. Meurer

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

Street No. 124 S. Higgins

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

Lost

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug. 17 1947 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1

1947, to Aug. 17 1947

and that I last saw him alive on 19

Immediate cause of death

Brucellosis Myocarditis

DURATION

6-7 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

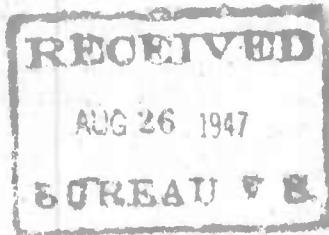
23. SIGNATURE

Hayward T. Melt, M.D.

M. D. or other

Address Easton, Md. 21601

Date signed 8/18/47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07371

93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County

Talbot

City or town

Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long above place of death? 11 days

Hospital, institution, or street address where death occurred:

Memorial Hospital, Easton, Md.

How long in hospital or institution? 11 days

## 3. (a) FULL NAME

Mrs. Jennie Crane

4. Sex

female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widow -

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Sept. 24 - 1864

8. AGE:

82

Years

Months

11

Days

5

If less than one day

hrs.

min.

9. Birthplace

Michigan

(town, county, and state)

14-W

10. Usual occupation

11. Industry or business

MOTHER

FATHER

12. Name

John Crane Hall

13. Birthplace

Michigan

14. Maiden name

Elmira Parks

15. Birthplace

Michigan

16. Informant

J. Virgil Moore &amp; Son

Address

Deotion, Md

17. Buried

(Burial, cremation, or removal, which)

Date thereof

(month)

(day)

(year)

Cemetery or crematory

Deotion

Location

Near Deotion

18. Funeral director

J. Virgil Moore &amp; Son

Address

Deotion, Md

19. 8/30

(Date rec'd by registrar)

19. 47

N.H. Nease

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Caroline

City or town Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1947 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 Aug. 1947 to 29 Aug. 1947

and that I last saw her alive on 29 Aug. 1947

Immediate cause of death

Atherosclerotic I.V.

Disease

Due to Parkinson's Disease

Due to

Other conditions Front. left hip.

19 Aug. 47

(Include pregnancy within 3 months of death)

Major findings of operations Front. Fract.

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

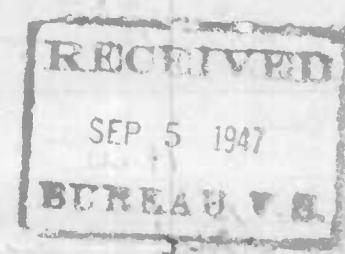
Means of injury

Injured at work?

23. SIGNATURE J. F. KENNAN M.D.

M.D. or other

Address Fosters, Md. Date signed 1 Sept 47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07372

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County

Talbot

City or town

EASTON

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Memorial Hospital at EASTON, Md.

How long in hospital or institution?

5 days

## 3. (a) FULL NAME

Deshields John

4. Sex

M

5. Color or race

Black

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

Hettie Deshields

7. Birth date of deceased (mo., day, yr.)

Feb. 3, 1884

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

63

6

11

hrs.

min.

9. Birthplace

Millerstown (Talbot) Md.

(Town, county, and state)

10. Usual occupation

Janitor

11. Industry or business

FATHER

12. Name John Deshields

13. Birthplace

Talbot Co.

MOTHER

14. Maiden name Mary Elizabeth Moody

15. Birthplace

Unionville, Talbot Co. Md.

16. Informant

Jeanette Taylor

Address

112 Hammond St. EASTON, Md.

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof 5/18/47

(month) (day) (year)

Cemetery or crematory

Richards

Location

Easton, Maryland

18. Funeral director

James F. Stewart

Address

402 E. Church St. Salisbury Md.

19. (Date rec'd by registrar)

8/15/47

19.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Talbot

City or town

EASTON

(If outside city or town limits, write RURAL and give nearest town)

Street No.

112 Hammond St.

(If rural, give LOCATION)

2.(a) If veteran, name war

No.

## 3. (b) Social Security Number

Lost

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 14, 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 6, 1947, to Aug. 19, 1947

and that I last saw him alive on Aug. 13, 1947

Immediate cause of death

Cerebral

Due to sclerotic kidneys

Due to arteriosclerosis

Other conditions syphilis

(Include pregnancy within 3 months of death)

Major findings of operations

Syphilis

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Schneider, M.D.

M. D. or other

Address: Easton Md. Date signed Aug 14 1947

RECEIVED

AUG 19 1947

BUREAU F B I

VS A15 T  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct  
is especially important. Physicians: please write the causes of death clearly and legibly.

67373

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

290

## 1. PLACE OF DEATH:

County

Talbot

City or town Unionville, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

Caston 19

How long in hospital or Institution?

## 3. (a) FULL NAME

Sallie Deshields

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Fr.

Col'd

Widowed

6. (b) Name of husband or wife

John Deshields

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Unknown

8. AGE:

Years

Months

Days

If less than one day

Unknown

hrs. min.

9. Birthplace

Talbot County

(Town, county, and state)

Cook

10. Usual occupation

## 11. Industry or business

MOTHER FATHER

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Herbert Deshields

Address

Unionville, Md.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof 8/23/47

(month) (day) (year)

Cemetery or crematory

Unionville

Location

Unionville, Md.

18. Funeral director

Leon St. Henry

Address

310 South St. Caston, Md.

19. (Date rec'd by registrar)

8/23/47

Date signed

D. A. Neer

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Unionville, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war R. F. B. - 1

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH August 19 1947 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 5 1947 to Aug. 19 1947

and that I last saw her alive on Aug. 19 1947

Immediate cause of death

most severe  
of the following

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Hayward T. Melt M.D.

M. D. or other

Address Easton, Md. Date signed 8/20/47

RECEIVED

AUG 26 1947

BUREAU F B I

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07374

## CERTIFICATE OF DEATH

93d  
290  
Reg. Dist. No.

## 1. PLACE OF DEATH

County

City or town

Dobson  
Oxford

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

John J. Dobson  
Male White Married

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

January 10, 1877  
6. (c) If alive, give age 53 years

8. AGE: Years Months Days If less than one day

70 2 10 . . . . . hrs. . . . . min.

9. Birthplace Baltimore MD

10. Usual occupation Tailor

11. Industry or business

Charles E. Dobson

12. Name

13. Birthplace MD

14. Maiden name

15. Birthplace

16. Informant

Mrs. Rose E. Dobson  
Address Oxford, Maryland17. Burial Date thereof Aug. 23, 1947  
(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Oxford

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 20 1947 at 11:55 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1947 to 8/20, 1947

and that I last saw him alive on 8/15/47 1947

Immediate cause of death

Arteriosclerotic Heart Disease 1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. C. M. D. M. D. or other

Address Easton, Md. Date signed 8/24/47



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07375

161a

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH

County *Talbot*City or town *Wye Mills*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: *Easton, MD*

How long in hospital or institution?

## 3. (a) FULL NAME

*Clifford Flamer*

## 3. (b) Social Security Number

4. Sex *M*5. Color or race *C - S -*

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) *Aug 9 1947*8. AGE: Years *1* Months *0* Days *0* If less than one day *0* hrs. *0* min. *0*9. Birthplace *Talbot Co*  
(Town, county, and state)

10. Usual occupation

## 11. Industry or business

12. Name *Clifford Flamer*13. Birthplace *MD*14. Maiden name *Walter Lewis*15. Birthplace *MD*16. Informant *Editha Whaley*Address *Easton, MD*17. Burial Date thereof *8-10-47*  
(Burial, cremation, or removal. Which?) *home* (month) (day) (year)Cemetery or crematory *Easton, MD*Location *Clifford Flamer*18. Funeral director *Easton, MD*Address *810*19. (Date rec'd by registrar) *19 47*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *MD*County *Talbot*City or town *Easton*

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Aug 10 1947*

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

..... to ..... 19.....

and that I last saw him alive on

Immediate cause of death

*Malignant Tumors*Due to *Malignant Tumors*Due to *#14*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?)

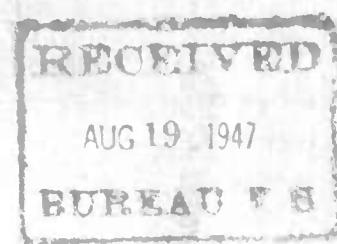
Means of injury

Injured at work?

23. SIGNATURE *Linus Whaley, MD*

M. D. or other

Address *Easton, MD* Date signed *Sept 11 1947*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07376

## CERTIFICATE OF DEATH

97  
Reg. Dist. No.

290

## 1. PLACE OF DEATH:

County

ALB. T. EASTON Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 70 years.

Residence, Institution, or street address where death occurred:

How long in hospital or Institution?

## 3. (a) FULL NAME

ANNIE E. FOREMAN

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White

Single.

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Aug. 27, 1858

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

EASTON Talbot Md.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

12. Name

Richard Fray Jr.

13. Birthplace

Talbot Co. Md.

14. Maiden name

Corbinus

15. Birthplace

Talbot Co. Md.

16. Informant

Milton Foreman

Address

Eaton Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory

Spring Hill Cemetery

Location

Eaton Md.

18. Funeral director

C. L. Hoffard

Address

Eaton Md.

19. (Date rec'd by registrar)

8/17/47

19 47

M. H. Neives

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County Talbot

City or town

Eaton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 8/15/47 19 47, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 19 47 to 8/15/47 19 47 and that I last saw h. in alive on 8/11/47 19 47.

Immediate cause of death

arteriosclerosis generalized years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

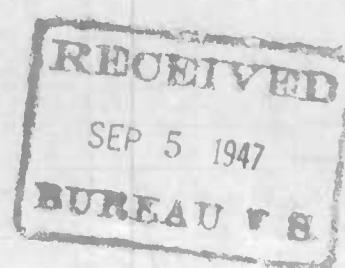
Injured at work?

23. SIGNATURE

13 Oct 30 47

M. D. or other

Address Eaton Md. Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

596

1-26-47

07377

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

290

## 1. PLACE OF DEATH:

County

Salisbury

City or town

Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

17 days

Hospital, institution, or street address where death occurred:

Memorial Hospital - Easton, Md.

How long in hospital or institution?

17 days

## 3. (a) FULL NAME

Mr. Richard S. Garton

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

w

6. (b) Name of husband or wife

Mary Garton (deceased)

7. Birth date of deceased (mo., day, yr.)

November 4, 1868

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

79

10

11

hrs.

min.

7. Birth date of deceased (mo., day, yr.)

Years

Months

Days

If less than one day

7. Birth date of deceased (mo., day, yr.)

Years

Months

Days

If less than one day

7. Birth date of deceased (mo., day, yr.)

Years

Months

Days

If less than one day

7. Birth date of deceased (mo., day, yr.)

Years

Months

Days

If less than one day

7. Birth date of deceased (mo., day, yr.)

Years

Months

Days

If less than one day

7. Birth date of deceased (mo., day, yr.)

Years

Months

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If less than one day

7. Birth date of deceased (mo., day, yr.)

Years

Months

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If less than one day

7. Birth date of deceased (mo., day, yr.)

Years

Months

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If less than one day

7. Birth date of deceased (mo., day, yr.)

Years

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If less than one day

7. Birth date of deceased (mo., day, yr.)

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If less than one day

7. Birth date of deceased (mo., day, yr.)

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If less than one day

7. Birth date of deceased (mo., day, yr.)

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7. Birth date of deceased (mo., day, yr.)

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7. Birth date of deceased (mo., day, yr.)

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7. Birth date of deceased (mo., day, yr.)

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If less than one day

7. Birth date of deceased (mo., day, yr.)

Years

Months

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If less than one day

7. Birth date of deceased (mo., day, yr.)

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Months

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7. Birth date of deceased (mo., day, yr.)

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7. Birth date of deceased (mo., day, yr.)

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7. Birth date of deceased (mo., day, yr.)

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7. Birth date of deceased (mo., day, yr.)

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7. Birth date of deceased (mo., day, yr.)

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7. Birth date of deceased (mo., day, yr.)

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If less than one day

7. Birth date of deceased (mo., day, yr.)

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7. Birth date of deceased (mo., day, yr.)

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7. Birth date of deceased (mo., day, yr.)

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7. Birth date of deceased (mo., day, yr.)

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7. Birth date of deceased (mo., day, yr.)

Years

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If less than one day

7. Birth date of deceased (mo., day, yr.)

Years

Months

Days

If less than one day

7. Birth date of deceased (mo., day, yr.)

Years

Months

RECEIVED

AUG 19 1947

BUREAU F B I

Evidence for the change of age is shown on  
6112 9/19/47

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07378

## CERTIFICATE OF DEATH

Reg. Dist. No.

290

### 1. PLACE OF DEATH:

County

Talbot County

City or town

Easton, md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

29 days

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution?

29 days

### 3. (a) FULL NAME

Walter Gibson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Black

Married

Rita Gibson

B. (b) Name of husband or wife

Aug 11, 1885

B. (c) If alive, give age years

7. Birth date of

deceased (mo. day, yr.) Aug 11, 1885

8. AGE:

Years Months Days If less than one day

61 11 7

hrs. min.

61 11 7

hrs. min.</

RECEIVED

AUG 19 1947

BUREAU F B I

PLEASE WRITE PLAINLY, WITH LUXEFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07379

468

## CERTIFICATE OF DEATH

Reg. Dist. No.

296

## 1. PLACE OF DEATH:

County

Talbot

City or town

Easton Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Not hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Effie Price Gladden

4. Sex

Color or race

6. (c) Single, married, widowed, or divorced

Female White Widow

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

November 11, 1864

8. AGE: Years Months Days It less than one day

82 9 1 hrs. min.

9. Birthplace.....

Bellefontaine, Ohio

(Town, county, and state)

10. Usual occupation.....

Retired

## 11. Industry or business

12. Name.....

John A. Price

13. Birthplace.....

Missouri

14. Maiden name.....

Caroline McClue

15. Birthplace.....

Worchester, Ohio

16. Informant.....

Mrs. R. Starr Bell

17. Burial.....

Burial

Date thereof Aug 16 47  
(month) (day) (year)

Cemetery or crematory.....

Bellefontaine Cemetery

Location.....

Bellefontaine, Ohio

18. Funeral director.....

John D. Williams

Address.....

Easton, Md.

19. (Date rec'd by registrar)

8/14 1947

Signature.....

R. H. Morris

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md. County.....

City or town.....

Talbot

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Aug 12 1947 at 7:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15 1947 to Aug 12 1947

and that I last saw her alive on Aug 12 1947

Immediate cause of death.....

Carcinoma of Left Bladder 141.

Due to.....

Due to.....

Other conditions..... Metastasis to Liver

(Include pregnancy within 3 months of death)

Major findings of operation.....

Date of op. ....

Autopsy results.....

Date of op. ....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: ....

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... G. W. C. Stevens M.D.

M. D. or other

Address.....

Date signed 8-15-47

RECEIVED

AUG 19 1947

BUREAU F B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07380

95c

## CERTIFICATE OF DEATH

Reg. Distr. No. 294

1. PLACE OF DEATH: Talbot  
 County: Sherwood  
 City or town: (If outside city or town limits, write RURAL and give nearest town) Sherwood  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State: Maryland County: Talbot  
 City or town: Sherwood (If outside city or town limits, write RURAL and give nearest town) Sherwood  
 Street No.: (If rural, give LOCATION)  
 2.(a) If veteran, name war:

3. (a) FULL NAME: Robert S. Harrison

3. (b) Social Security Number: none

4. Sex: male	5. Color or race: white	6.(a) Single, married, widowed, or divorced: married
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8. (b) Name of husband or wife: Margaret E. Harrison

7. Birth date of deceased (mo., day, yr.): March 23, 1877  
 6.(c) If alive, give age: 69 years

8. AGE: Years: 70	Months: 4	Days: 9	If less than one day hrs. .... min. ....
-------------------	-----------	---------	---

9. Birthplace: Wittman, Talbot Co. Md.  
 (Town, county, and state)

10. Usual occupation: Retired Canner

11. Industry or business:

FATHER: 12. Name: Levi F. Harrison

MOTHER: 13. Birthplace: Wittman, Talbot Co. Md.

14. Maiden name: Mary E. Williams

15. Birthplace: Easton, Talbot, Co. Md.

16. Informant: Mrs. Robert S. Harrison

Address: Sherwood, Maryland.

Burial: 17. (Burial, cremation, or removal. Which?) Cemetery  
 Date thereof: Aug. 5, 1947  
 (month) (day) (year)

Location: Sherwood, Maryland

18. Funeral director: Newnam & Harrison

Address: St. Michaels, Md.

19. (Date rec'd by registrar): Aug. 5 1947  
 (Date signed): G. Harrison  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: August 3 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.39 to August 3 1947

and that I last saw him alive on August 3 1947

Immediate cause of death: Deterioration of heart

DURATION: 10 minutes

Due to: Essential hypertension 8 years

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings or operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: G. Harrison, M.D.

M. D. or other: G. Harrison, M.D.

Address: 101 St. Michaels, Md. Date signed: Aug. 4, 1947

RECEIVED

AUG 29 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

addr. 8-10-1947

07381

## CERTIFICATE OF DEATH

191  
Reg. Dist. No.

290

## 1. PLACE OF DEATH:

County

Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Centon Hospital - Easton, Md

How long in Hospital or Institution? 5 days

## 3. (a) FULL NAME

Harry Leon Hendrickson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 12, 1926

8. AGE: Years Months Days If less than one day

18 8 19

9. Birthplace West Grove, Pa

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Edwin Tellers Hendrickson

13. Birthplace Landenberg, Pa

14. Maiden name Mary Springer

15. Birthplace Toughkenamain, Pa

16. Informant Mrs. H.

Address 1010 Pleasant - W.D. 72

17. Burial Date thereof 8/22/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oxford, Pa

Location Oxford, Pa

18. Funeral director S. L. Hafford

Address 222 N. Main

19. (Date reg'd by registrar) 5/20 1947 M. D. or other

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County New Castle

City or town Wilmington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1010 Pleasant St.

(If rural, give LOCATION)

2. (a) If veteran, name war Not a veteran

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 19, 1947 19 at 2 40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8-14 1947 to 8-19-47 1947

and that I last saw h. alive on 8-18-47 1947

Immediate cause of death

circulatory collapse

Due to

Heat stroke

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

13 Cox 2nd M. D. or other

Address Easton and Date signed

RECEIVED

AUG 26 1947

BUREAU C S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07382

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Carroll CountyCity or town Easton Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Easton Memorial HospitalHow long in hospital or institution? 21 days

## 3. (a) FULL NAME

Mrs. Leah Holsinger

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

7White married

6. (b) Name of husband or wife

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

August 24 1858.

8. AGE:

89

Years

11

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Pennsylvania  
(Town, county, and state)

10. Usual occupation

Nurse

11. Industry or business

Mr David Replogle

12. Name

Mrs David Replogle

13. Birthplace

Pennsylvania

14. Maiden name

Elizabeth Katherine Lilti

15. Birthplace

Pennsylvania

16. Informant

J. V. Moore

Address

Easton Md

17. Burial

Buried (Burial, cremation, or removal, which?) Date thereof 8-19-47  
(month) (day) (year)

Cemetery or crematory

Recreation Cemetery

Location

Easton Md

18. Funeral director

J. V. Moore & Son

Address

Easton Md19. 8/19

19

47

N.Y. Necres

Registrar

VS A15

Date rec'd by registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline Co.City or town Denton Maryland  
(If outside city or town limits, write RURAL and give nearest town)Street No. R. T. D.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 16

1947 at 9:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11 Aug 47 1947 to 16 Aug 47 1947and that I last saw her alive on 16 Aug 47 1947

Immediate cause of death

ShockDue to Post operative open reduction of Fract. Right HipDue to Fract. Right hipOther conditions Chloro & LethalC-V Disease

(Include pregnancy within 8 months of death)

Major findings of operations Fract. HipDate of op. 14 Aug 47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Aug 11, 1947Where did injury occur? (City or town) Easton (County) Caroline Co. (State)Injured at home, farm, industry, public place (where?) NoneMeans of injury Fall (or 1947 date) Injured at work? None23. SIGNATURE H. T. Karmann M. D. or other PhysicianDate signed 17 Nov 47Address Foxton, Md

RECEIVED

AUG 26 1947

BUREAU of

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

488

07383

## CERTIFICATE OF DEATH

Reg. Dist. No. 241

## 1. PLACE OF DEATH:

Talbot  
CountyRoyal Oak  
City or town

(If outside city or town limits, write RURAL and give nearest town)

27 yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Bessie V. Kirkman

4. Sex female	5. Color or race white	6. (a) Single, married, widowed, or divorced widow
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6. (b) Name of husband or wife  
William Kirkman7. Birth date of  
deceased (mo. day, yr.) Jan. 15, 1875  
6. (c) If alive, give age years8. AGE: Years  
72  
Months  
7  
Days  
15  
If less than one day  
hrs.  
min.9. Birthplace  
Oxford Talbot Co. Md.  
(Town, county, and state)10. Usual occupation  
Housewife

## 11. Industry or business

FATHER 12. Name Unknown	MOTHER 13. Birthplace Unknown
14. Maiden name Unknown	15. Birthplace Unknown

16. Informant  
L. Scott KilmonAddress  
Royal Oak, Maryland.Burial  
Sept 2, 1947  
(Burial, cremation, or removal. Which?) Date thereof  
(month) (day) (year)Cemetery or crematory  
Springhill CemeteryLocation  
Easton Maryland.18. Funeral director  
Newnam & HarrisonAddress  
St. Michaels Md.19. Aug 31, 1947 Mrs. Rose L. Scott  
(Date received by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Md. County Talbot

Royal Oak  
City or town  
(If outside city or town limits, write RURAL and give nearest town)Street No.  
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number  
None

## MEDICAL CERTIFICATION

20. DATE OF DEATH  
30 August 1947, at 7 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
16 August 1947, to 30 August 1947,  
and that I last saw her alive on 29 August 1947.Immediate cause of death  
Carcinoma of uterusDURATION  
Due to -  
Due to -  
Due to -Other conditions  
Influenza pneumonia

(Include pregnancy within 3 months of death)

Major findings or operations  
Date of op.Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

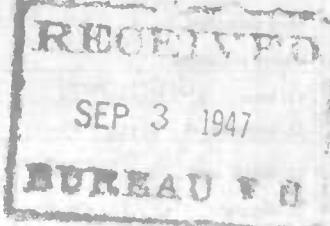
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

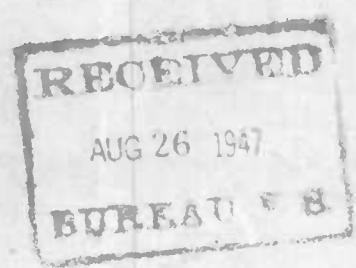
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE  
M. D. or otherAddress  
Royal Oak, Md. Date signed 8/30/47







PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07385

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County BaltimoreCity or town Wrightstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. 6 mos.

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

## 3. (a) FULL NAME

James Robinson4. Sex m5. Color or race Col'd6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Lulu Robinson7. Birth date of deceased (mo., day, yr.) March 4 18708. AGE: Years 76 Months 11 Days 9 If less than one day9. Birthplace Between Pittsburgh, Pa. & Richmond, Va. on R.R.10. Usual occupation Mechanic

## 11. Industry or business

12. Name James Robinson13. Birthplace Penns.14. Maiden name Unknown15. Birthplace " "16. Informant Lulu RobinsonAddress Wrightstown, Md.17. Burial Date thereof 8/8/47 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory WrightstownLocation Wrightstown, Md.18. Funeral director Leone St. HenryAddress 310 South St. Easton, Md.19. 8/7 Date rec'd by registrar 1947 J. H. Deers Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WrightstownCity or town Wrightstown (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Aug. 6 1947, at 3 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2 1947, to Aug. 6 1947and that I last saw him/her alive on Aug. 6 1947Immediate cause of death ParoxysmalColicDue to None

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE Hayward T. Pelt, M.D.

M. D. or other

Address Easton, Md. Date signed 8/6/47

RECEIVED

AUG 19 1947

BUREAU F B I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

07386

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County... *Talbot*  
 City or town... *Eaton, Md.* (E. M. Hospital)  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

*Eaton Memorial Hospital*How long in hospital or institution? *Aug 22 - Aug 26, 1947*

## 3. (a) FULL NAME

*Mo - Ruby Southard*

4. Sex

5. Color of face

6. (a) Single, married, widowed, or divorced

Female white widowed  
*Mr. Charles F. Southard*

7. Birth date of deceased (mo., day, yr.)

5. (c) If alive, give age years

*1861(?)*

8. AGE:

Years  
*84*Months  
*5*

Days

If less than one day

hrs. min.

9. Birthplace

*Knoxville, Tenn.*  
(Town, county and state)

10. Usual occupation

*Housewife*

## 11. Industry or business

*Marcus Hedges*

MOTHER FATHER

12. Name... *Raleigh, N.C.*

MOTHER

13. Birthplace *Raleigh, N.C.*

FATHER

14. Maiden name *Mary Callaway*

MOTHER

15. Birthplace *Raleigh, N.C.*

FATHER

16. Informant *Miss Myrtle Gantt*Address *1829 E. 29th St. - Baltimore, Md.*

17. Burial

Date thereof *Aug 30, 1947*  
(month) (day) (year)Cemetery or crematory *Wesley Chapel Cemetery*Location *Rock Hall, Maryland*18. Funeral director *J.W. Willis Wells*Address *Chesapeake, Md.*19. *8/27 1947*(Date rec'd by registrar) *Reg. No. 747*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *Maryland* County... *Herst*  
 City or town... *Rock Hall*  
 Street No... *515* Neck  
 (If outside city or town limits, write RURAL and give nearest town)  
 (If rural, give LOCATION)

2.(a) If veteran, name

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH *August 26* 1947 at 10:10 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *8-22* 1947 to *8-26* 1947 and that I last saw h... alive on *19*.

Immediate cause of death

*Pulmonary Embolism*DURATION *10 min*Due to *Fractured leg of femur right of fall*Due to *5 days*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations *None*

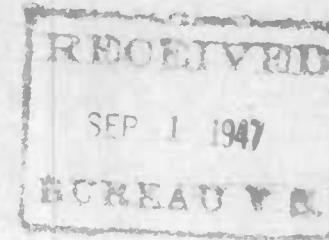
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Accidental* Date of *8/17/47*Where did injury occur? *Rock Hall - Kent - Md.*  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) *Home*Means of injury *Fall* Injured at work? *No*23. SIGNATURE *J. B. Ambler, M.D.* M. D. or otherAddress *Easton, Md.* Date signed *8-27-47*



PLEASE WRITE PLAINLY, WITH ENFADING INK. Supply every item of information carefully. Use correct age. Physicians: please write the causes of death clearly and legibly. It is especially important.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

07387

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:  
County Talbot  
City or town Easton  
If outside city or town limits, write RURAL and give nearest town  
How long in above place of death? 14 yrs.  
Hospital, Institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Talbot  
City or town Trappe  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) Is veteran, name war  
3. (b) Social Security Number

## 3. (a) FULL NAME

CLARA STEVENS

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
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6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) October 2, 1860

8. AGE: Years <u>86</u>	Months <u>10</u>	Days <u>16</u>	If less than one day hrs. <u></u> min. <u></u>
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9. Birthplace Trappe, Maryland  
(Town, county, and state)10. Usual occupation Retired Nurse

11. Industry or business

12. Name Josiah Chaplin Stevens13. Birthplace Talbot Co., Md.14. Maiden name Sarah Martin Mullikin15. Birthplace Baltimore, Md.16. Informant Mrs. Irene HardenAddress Easton, Maryland17. Burial Date thereof Aug. 19, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring Hill CemeteryLocation Easton, Maryland18. Funeral director John D. WilliamsAddress Easton, Maryland19. 8/18 47 N.H. Neuro  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Aug. 17, 1947 at 7:35 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30th 1947 to Aug 17, 1947 1947and that I last saw her alive on Aug 17, 1947 1947Immediate cause of death Intra capsular fracture of right hip 18 days DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, check in the following:

Accident, suicide, or homicide. Fractured hip Date of July 30th 1947Where did injury occur? Easton (City or town) Talbot (County) MD (State)

Injured at home, farm, industry, public place (where?)

Means of injury Fall in her room Injured at work? No23. SIGNATURE William D. Williams M. D. or otherAddress Easton, Md. Date signed 8/18/47

RECEIVED

AUG 26 1947

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07388

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Wicomico  
City or town Easton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Helen Q. Slagle7. Birth date of deceased (mo., day, yr.) Aug 7, 18896. (c) If alive, give age 58 years8. AGE: Years 57 Months 11 Days 7 hrs. 0 min.9. Birthplace Wicomico, Maryland  
(Town, county, and state)10. Usual occupation Insurance Salesman11. Industry or business Tom H. Wadgell12. Name Tom H. Wadgell13. Birthplace Wicomico, Maryland14. Maiden name Ora Stewart15. Birthplace Wicomico, Maryland16. Informant Mrs. Helen Q. J. WadgellAddress Easton, Md.17. Burial Burial Date thereof Aug 7, 1947  
(Burial, cremation, or removal, Whch?) (month) (day) (year)Cemetery or crematory Easton CemeteryLocation Easton, Md.18. Funeral director Ora StewartAddress Easton, Md.19. 8/6/47 1947  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WicomicoCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1 ✓ (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

222-09-8300

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1947 at 5 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 to 1941 and that I last saw h. alive on 8/3/1947

Immediate cause of death

Coronary Occlusion

Due to arteriosclerotic heart diseaseDue to arteriosclerotic heart diseaseOther conditions Cholelithiasis, Chronic(Include pregnancy within 3 months of death) 4 years

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE B. Cox M.D.

M. D. or other

Address Easton, Md. Date signed 8/1/47

